Applied For

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

Yes

XNo

Not Applicable

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FL 33303

etc.

DOCUMENT # P95000053063

•	of Business	Mailing Address			
1001 EAST LAS OLAS BLVD. SUITE 200 FT. LAUDERDALE FL 33301		P.O. BOX 030248 FT. LAUDERDALE			
<u> </u>	ce of Business	<u> </u>	Mailing Addr		
21 Suite, Apt. #	, etc.		Suite, Apt. #		
City & State		27	City & State		
23		28			
Zip	Country		Zip		
	** 	F			

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90061 040 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

07/10/1995 4, FEI Number

59-3336394

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

6. Election Campaign Financing

8. This corporation owes the current year Intangible

	9. Name and Address of Current Register	red Agent			10. Name and Add	dress of New Regist	ered Agent	•
		_	81	Name				
	HILL, SARAH M		82	Stroot Ad	fress (P.O. Box Numbe	r is Not Accentable)		
1001	E LAS OLAS BOULEVARD #200		02	Street Aut	iless (P.O. Box Numbe	is (tot Acceptable)		
SUIT	E 200		83			_~-		
FOR	T LAUDERDALE FL 33301							
	•		84	City			FL 85 Zip C	ode
44 Dumund	to the provisions of Sections 607.0502 and 60	7 1508 Florida Statuter	s the above	-named co	poration submits this st	atement for the purpo	se of changing its	registered
office or re	egistered agent, or both, in the State of Florida m familiar with, and accept the obligations of, s	. Such change was aut	thorized by	the corpora	ion's board of directors	. I hereby accept the	appointment as reg	jistered
=	in lamina. With, and doop, the benganone of,	,				•		
SIGNATURE	Signature, typed or printed name of registered agent and title if a	applicable. (NOTE: F	Registered Agen	t signature requi	red when reinstating)	DA	ITE .	
12.	OFFICERS AND DIREC		13.		ADDITIONS/CH	ANGES TO OFFICER		
TITLE	DC	☐ DELETE	1.1 TITLE				Change	Addition Addition
NAME	MCTIGUE, R E		1.2 NAME					
TREET ADDRESS	4004 F LAC OLAC POLITEVARD #000		1.3 STREET	ADDRESS				
XTY-ST-ZIP	FT LAUDERDALE FL 33301		1.4 CITY-ST	r-ZIP				
TLE .	PS	☐ DELETE	2.1 TITLE				Change	☐ Additi
IAME	TUTHILL, SARAH M		2.2 NAME					
TREET ADDRESS	1001 E LAS OLAS BOULEVARD #200		2.3 STREET	ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		2, 4 CITY+S	T-ZIP				
TILE		☐ DELETE	3.1 TITLE				☐ Change	Addition Addition
IAME (•		3,2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
			3.4. CITY-S					
TILE		☐ DELETE	4.1 TITLE	1-211			☐ Change	☐ Additio
IAME			4, 2 NAME					
			4.3 STREET	ADDRESS	•			
TREET ADDRESS			4.4 CITY-ST			•	•	
TY-ST-ZIP		□ DELETE	5.1 TITLE	1-21			☐ Change	☐ Addition
NAME			5.2 NAME		•			
	`.		5.3 STREET	ADDRESS		•		
TREET ADDRESS	<i>.</i> •		5.4 CITY-S				•	
ITY-ST-ZIP		☐ DELETE	6.1 TITLE			-	☐ Change	☐ Additi
			6.2 NAME				_ ,	_
KAME:			6.3 STREET	ADDRESS				
STREET ADDRESS	·		6.4 CITY-S		•.			
CITY-ST-ZIP			= 0.4 UH I^3	1-445				

Country

30

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.